VA STARS & STRIPES HEALTHCARE NETWORK

FY 2006 – 2010 Strategic Plan Stage 2

August 2005

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1. Executive Summary

NETWORK PROFILE

The VA Stars & Stripes Healthcare Network is an integrated system consisting of nine VA Medical Centers, one (three division) Health Care System, and 46 Community Based Outpatient Clinics. Our key drivers of communication, coordination and collaboration enable us to achieve our goals to deliver quality, timely and efficient health care throughout the organization. The current environment of care demands a rapid and flexible response to emerging patient needs and desires, market requirements, health care and technological advances, and the development, safety and wellbeing of the workforce. To ensure VISN 4's success, the tactics and operational plans contained within this submission have a linkage to the President's Management Agenda, the Department of Veterans Affairs (DVA), and shared Mission, Vision, Values and Strategies (VISN 4 Crosswalk: Appendix B) with the Veterans Health Administration (VHA).

MISSION	VISION	CORE VALUES	DOMAINS OF VALUE
Honor America's veterans by providing exceptional health care that improves their health and well-being.	**To be a patient-centered integrated health care organization for veterans providing excellent health care, research, and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.**	**Trust** **Respect** **Excellence** **Compassion** **Commitment**	**Quality** **Access** **Function** **Satisfaction** **Cost Effective** **Healthy Communities**

Figure 1: VHA Shared Mission, Vision, Core Values, Domains of Values

VISN 4 serves veterans in 104 counties in the states of Pennsylvania, West Virginia, Delaware, New Jersey, New York and Ohio. While it serves all the counties in Delaware, in Pennsylvania 4 of 67 counties are served by medical centers in other networks: Bath VAMC (VISN 2) for two counties in north central PA and Martinsburg VAMC (VISN 5) for two counties in south central PA. West Virginia falls within VISN 4's service area for 26 of its 55 counties, while only two New York counties are served. In addition, three of Ohio's counties are served by VISN 4 as are 7 of 21 counties in New Jersey.

The network is divided into two markets: one eastern and one western. The eastern market is comprised of 33 counties in eastern Pennsylvania, seven counties in New

Jersey, three counties in Delaware and one county in New York for a total of 44 counties. The western market consists of 60 counties that cover western Pennsylvania and adjacent counties in New York, Ohio and West Virginia. These markets reflect the service areas and patient referral patterns that have existed in VISN 4 since its inception.

The VISN has a number of major assets upon which this plan rests:

Main Health Care Services	Points of Service Delivery	Healthcare Delivery Mechanisms
Primary Outpatient Care Long-Term Care Behavioral Health Care Acute Inpatient Care Specialty Care Special Emphasis Programs -Spinal Cord Injury -Traumatic Brain Injury -Post Traumatic Stress Disorder (PTSD) -Substance Abuse Treatment (SAT) -Women Veterans -Amputations -Blindness -Homeless -Seriously Mentally Ill (SMI) -Returning Service Members	10 Medical Centers 10 Nursing Home Care Units 3 Domiciliary's (DOM) 8 Home-Based Primary Care Programs (HBPC) 47 Community Based Outpatient Clinics (CBOCs) 2 National Research Centers 1Emergency Management Response Team (EMRT) 12 Veteran (VET) Outreach Centers 6 PA State Veterans Homes **Operating Beds** Internal Medicine - 368 Intermediate Medicine- 38 Neurology - 6 Psychiatry - 317 Surgery - 150 PRRTP* - 109 Domiciliary - 386 Nursing Home - 1354	Hospital-based Care Intra- and Inter-VISN system of referrals Non-institutional care • Home care • Tele-health Telephone Care Academic affiliations • Medical students • Allied health trainees Mental Illness Research Education and Clinical Center (MIRECC) Geriatric Research Education Center (GRECC) Allied Health Affiliations Strategic Alliances

Figure 2: VISN 4 Resources/capabilities

VISN 4's veteran population is estimated to be about 1.43 million in FY 2005, nearly *two-thirds* of whom live in the eastern market. Between FY 2005 and FY 2023, the number of veterans living in the network is projected to decline significantly, however, representing a net loss of over 568,000. This long range projection is not taking into consideration any new veterans from current military conflicts.

The VHA enrollment projection data predicts the number of enrollees to increase overall in the VISN from 379,333 to 388,514 between FY 2006 through FY 2010. However, within each market area, the eastern market will realize an increase of approximately 11,000 while the Western market will decrease slightly by 1,500 veteran enrollees. Even more significant are the market penetration rates which are predicted to increase from 26.4 to 29.3 percent over the next five years. An escalation in the number of service-connected veterans above these projections is expected as a result of our current military conflicts. Demographic projections through the planning year 2010 and beyond reveal that the VISN 4 will not escape the graying of America. It is anticipated

that our veteran population will require more intensive and expensive health care services as our treatment population ages. Further analysis also reveals that the numbers of older veterans, within the age cohorts of 60 and older, are not declining at the same rate in overall numbers as compared to the total veteran population.

Services to all enrolled veterans will emphasize care to the service connected, poor and special populations in underserved areas, as well as the provision of care to those veterans requiring complex care. VISN 4 will enroll veterans who can be supported by available resources such that the quality of care and access to care will not be compromised. Certain key factors influencing enrollment must be considered: health care inflation, enrollment growth, utilization trends, enrollment priorities, aging enrollee population, and degree of health care management improvements.

VISN 4s key drivers are communication, collaboration and coordination which are used to describe the health care, human resources and operational challenges impacting the network.

KEY DRIVERS	HEALTH CARE	HUMAN RESOURCES	ORGANIZATIONAL
Communication	**Clinical Outcomes** **Aging Veteran Population** **Safe Patient Environment**	**Change Management** **Management Efficiencies** **Reward/Recognition**	**Stakeholder Involvement and Feedback** **E-Health Capability** **Information Security**
Collaboration	**Defined Clinical Inventory of services** **Access to Information and Education** **Patient Referrals**	**Recruitment of Scarce Specialists**	**Data integration** **Data Integrity** **Project Management** **External Review and Accreditation**
Coordination	**Needs of Returning Service Members** **Access to Care (ACA)** **Medically Underserved Counties** **Continuity of Care**	**Staff Competency** **Emergency Preparedness**	**Aging Infrastructure** **Financial Allocation Methodology** **EOY Supplemental Funding** **Annual Enrollment Decision** **National Security**

Figure 3: VISN 4 Challenges

STRATEGIC DIRECTION

The overall direction defined in this plan supports the Uniform Benefits Package. To meet the needs of our veterans and implement the "Eight for Excellence" strategies, the following Operating Priorities will guide the VISN tactical and operating plans:

- Clinical Efficiencies
- Administrative Efficiencies
- Care Management
- Specialty Care
- Succession Planning

Significant VISN Activities

VISN 4 sets its strategic direction for the health care needs of veterans from a region-of-care perspective, assuring that a seamless continuum of services is available to enrolled veterans. Our Network Strategic Plan will be accomplished as one integrated delivery system in an environment of employee participation, collaboration, sharing and teamwork. The VA Stars & Stripes Healthcare Network is committed to education and research that benefits our veterans, their families, our employees, and the communities we serve, while also providing support during Department of Defense and domestic emergencies.

Significant VISN activities, identified in Stage I of the Network Strategic Plan have been grouped into Patient Care Initiatives and Other Significant Initiatives, including management efficiencies.

Patient Care Initiatives – VISN 4's health care delivery system will continue to improve in quality and value while providing the services outlined in the Uniform Benefits Package, as well as maintaining services to veterans in special emphasis programs (spinal cord injury, blindness, traumatic brain injury, amputation, women veterans, seriously mentally ill, substance abuse, homelessness, post traumatic stress disorder), and returning service members.

Increased productivity and capacity, and better outcomes in health care treatment and delivery are expected and will be our focus. New process design and re-engineering will be undertaken through the work of our key councils and at each medical center to improve outcomes and delivery systems, establish/augment interagency and community partnerships, enhance workforce development, and strengthen patient safety initiatives.

Another key element is the control of pharmacy costs, which will require using all the techniques available to keep these expenses within control. We have done exceptionally well in FY 2005 in implementing our cost management plans. Our pharmacy benefits management program will add additional depth to this endeavor and we plan to spread the utilization management strategies used by the PBM workgroup to other clinical areas.

Advanced Clinic Access (ACA) initiatives have been ongoing across VISN 4 since 2002. Since its inception, the VISN has continued to spread the principles and processes associated with ACA throughout the organization and will continue to employ these principles in all clinical areas. The network's average wait time for *established* patients is under 30 days for all clinics. For *new* patients, the average wait time is under 30 days for all clinics except audiology, eye care, and orthopedics. Effective data management and communication are essential for the successful implementation and control of the plan. Initiatives in the plan will include information and tele-health technology.

The mission of the VISN 4 Mental Health Program is to provide equitable access to the highest quality mental health and psychosocial rehabilitation services to veterans across the care continuum. Priority emphasis is placed on VHA-designated special populations, which include the Seriously Mentally Ill (SMI), patients with Post-Traumatic Stress Disorder (PTSD), Homeless and Substance Abuse Treatment (SAT) veterans. It is our goal to develop and disseminate new knowledge about the care of veterans with mental illness through ongoing program development, research and the training of future mental health professionals. The VISN and facilities will collaborate with community agencies and advocacy groups to enhance care and services.

VISN 4 will work to design and implement a Recovery Model as a treatment approach that reflects the fact that Mental Illness can be successfully treated and that people with Mental Illness can live meaningful and fulfilling lives.

VISN 4 has identified the specialized needs of OIF/OEF returning service members and will focus efforts to address combat stress through outreach initiatives. Special grant funding will be used to support and enable a community-based approach to identify, engage, refer and treat returning military personnel from OIF/OEF. Interventions will be designed for each of the major phases of the military deployment cycle: Pre-Deployment; Deployment; and Post-Deployment.

OTHER SIGNIFICANT INITIATIVES

Emergency Management: VISN 4 facilities must anticipate potential contingency situations (emergency preparedness) that could adversely affect the continuity, safety and availability of patient services and medical center operations. Oversight of emerging local, VISN market, national and international issues and trends will be monitored by the Strategic Planning Council's Emergency Management Workgroup. To assist the VISN and facilities to provide a safe and secure environment for patients and staff, the development and testing of VISN and facility contingency/emergency preparedness plans should intensify.

Management Efficiencies: Principles of business process reengineering will be applied to improve management efficiency and effectiveness. This includes the appropriate utilization of resources, development of internal controls and systems accountability, inventory management, space management, implementation of the logistics

management efficiency recommendations, force recommendations, and utilization of IT solutions and new technology.

A number of electronic health strategies are used in VISN 4 to facilitate timely access, accurate assessment, and care coordination. Care delivery is enabled as VISN 4 utilizes an integrated framework to align information technology (IT) investments with VISN 4 priorities and the needs of the facilities. Critical elements of the IT program plan include the Computerized Patient Record System (CPRS) and tele-health strategies which facilitate access and continuity of care for veterans across the system. The use and update of imaging equipment will enhance diagnostic and treatment capabilities throughout VISN 4. The bar code medication administration (BCMA) system has also been implemented across VISN 4. The use of more sophisticated wireless handheld devices will enable timely and accurate documentation in the electronic medical record.

The VISN continues to take an aggressive approach,to managing indirect costs, we will continue to manage indirect costs; this requires a delicate balance between quality improvements and cost efficiency. Use of sound business principles has been the foundation of the design and implementation of our management efficiencies. We will continue to benchmark in this area. Shifts in how we do business are an integral part of our financial plan and are expected to continue.

Workforce Development and Succession Planning: The VISN 4 workforce is considered one of our greatest assets. It is their commitment to the care and service of veterans that contributes to VISN 4 positional as a national leader in Veteran Satisfaction. Changing demographics and market forces will require great scrutiny as we evaluate our workforce readiness to meet both current and future health care demands and expectations. VISN 4 employs a workforce with educational levels ranging from high school graduates to those holding post-doctorate degrees. Their jobs are diverse and represent minimally trained positions, to highly trained technicians and professional staff, such as nurses, physicians and directors. Cultural diversity of the medical center's workforce mirrors that of the local community. VISN 4's union partners are involved in the ongoing effort to ensure a sufficient number of clinical staff is available to provide direct patient care. The result of this joint venture has been a higher ratio of clinical staff (79%), compared to support staff (21%) with an outcome of improved customer satisfaction.

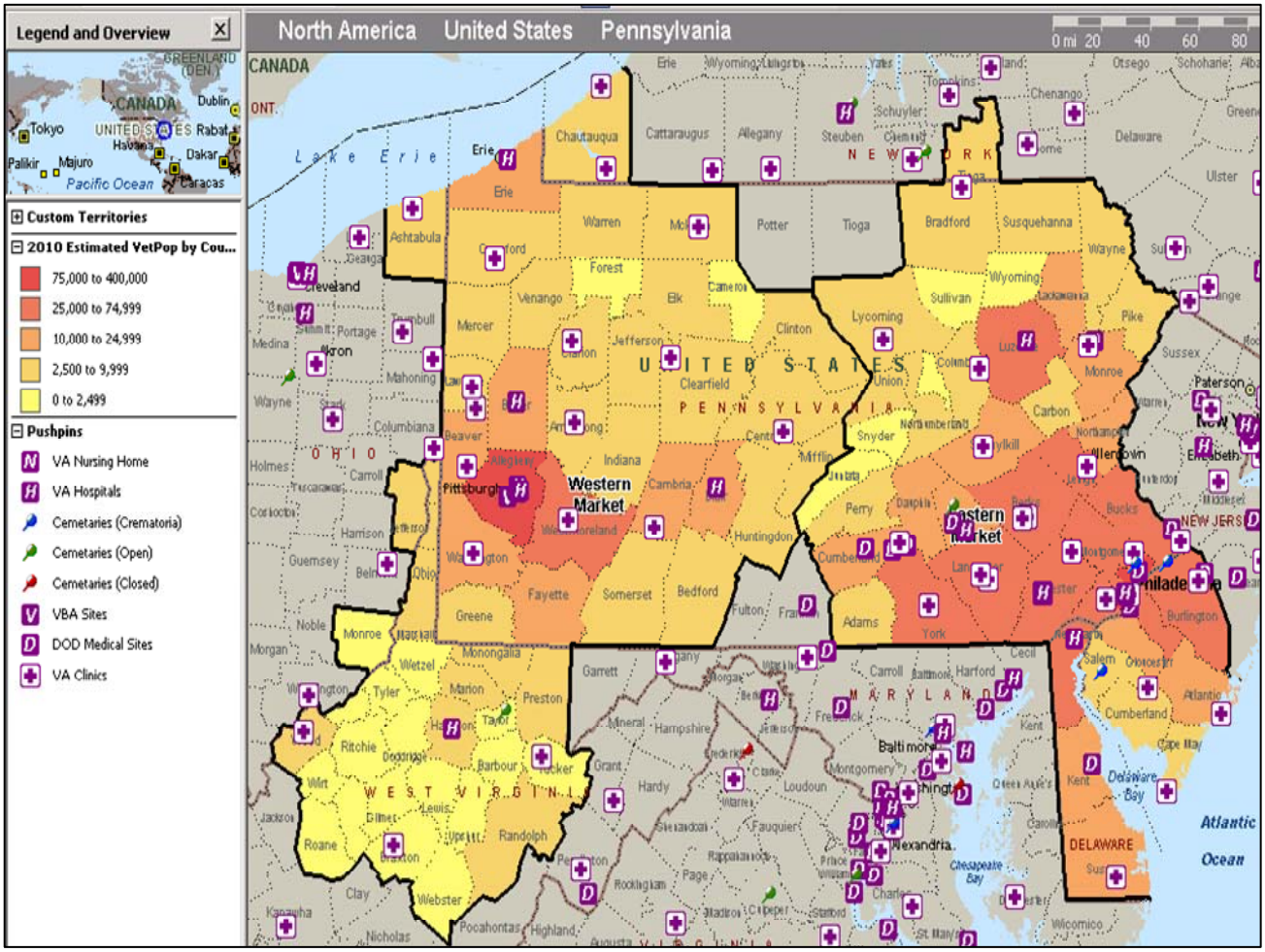
Present trend analysis has evidenced challenges in the areas of recruitment and retention of a highly skilled workforce due to national shortages of certain specialties and keen competition in local health care markets. The VISN succession planning strategy is supported by inter and intra network leadership, career and technical skills development programs, along with on-site mentoring. This includes a VISN 4 safety program that ensures national, network, and local safety standards are met through monitoring and trending of on-the-job injuries and a "Pro-active Risk Assessment".

2. Verification of Stage 1 Information

It is important to note that while VISN 4 activities have not changed substantially as a result of the Stage 2 guidance, these activities have been enhanced further since the Stage 1 submission. Specifically addressing new planning strategy 2, (provide timely and appropriate access to health care by implementing best practices), has gained further momentum in VISN 4. Not only are best practices shared through the Vital Quality Innovations program; but, in addition, best practices are an integral part of regular Executive Leadership Council video conferences shared with all facilities. As VISN 4 facilities create innovative and effective practices to meet the health care needs of our veteran patients, they are provided to all facilities for implementation across the network. Also, VISN 4 recently completed a video which highlights significant accomplishments across the Network. The video is in use at State Commission meetings, as well as throughout the VISN at local veteran's service organization and other stakeholder meetings to enhance the public awareness of VISN 4 best practices in patient care programs and services. Two CBOCs have been proposed in the eastern market and one in the western market to ensure timely access to primary, mental health and specialty care. Mental Health services have been defined in the context of a recovery model consistent with the Presidents Freedom Commission and the VHA Mental Health Strategic Plan. The Stage 2 Plan also articulates the implementation status of the CARES initiatives endorsed by the Secretary of Veterans Affairs. The future of health care across VISN 4 will include enhanced services to veterans through strategic alliances, community partnerships, resource sharing and consolidations.

3. Socio-Demographics

Market Map



Total Number of Counties by State and Market: VISN 4

State	Total Counties in State	Total Counties in VISN	Total Counties in Market	
			Eastern	Western
Delaware	3	3	3	0
New Jersey	21	7	7	0
New York	62	2	1	1
Ohio	88	3	0	3
Pennsylvania	67	63	33	30
West Virginia	55	26	0	26
Total	**296**	**104**	**44**	**60**

SOURCE: VSSC Data Cube, "Utilization by VISN & Market".

Counties Designated as Medically Underserved Areas/Populations by State and Market: VISN 4

State	Designated Counties in State	Designated Counties in VISN	Designated Counties in Market	
			Eastern	Western
Delaware	3	3	3	0
New Jersey	17	5	5	0
New York	50	1	0	1
Ohio	55	2	0	2
Pennsylvania	57	53	25	28
West Virginia	50	21	0	21
Total:				
Number	**232**	**85**	**33**	**52**
Percent	**78.4%**	**81.7%**	**75.0%**	**86.7%**

SOURCE: U.S. Dept. of Health & Human Services, Bureau of Primary Health Care, "Medically Underserved Areas/ Medically Underserved Populations," located at http://bphc.hrsa.gov/databases/newmua/. Run date October 7, 2004. "Health Professional Shortage Areas" can be found at http://belize.hrsa.gov/newhpsa/newhpsa.cfm.

Counties with 2002 Per Capita Income (PCI) Below $25,000 by State and Market: VISN 4

State	Counties in State with PCI <$25K	Counties in VISN with PCI <$25K	Counties in Market with PCI <$25K	
			Eastern	Western
Delaware	2	2	2	0
New Jersey	1	0	0	0
New York	33	2	1	1
Ohio	51	3	0	3
Pennsylvania	37	31	9	22
West Virginia	48	22	0	22
Total:				
Number	**172**	**59**	**11**	**48**
Percent	**58.1%**	**56.7%**	**25.0%**	**80.0%**

SOURCE: U.S. Dept. of Commerce, Bureau of Economic Analysis, "County Summary Table CA1-3: 1969 - 2002," located at http://www.bea.gov/bea/regional/reis/ca1_3.cfm. Run date October 1, 2004.

Table : VISN 04 Veteran Population Projections by Market: FY2005 – 2023

Market	Fiscal Year				% Change between FY05 & FY23
	FY2005	FY2008	FY2013	FY2023	
Eastern	921,861	851,032	734,630	562,843	-38.9%
Western	513,083	469,664	403,340	303,687	-40.8%
VISN Total	**1,434,944**	**1,320,696**	**1,137,970**	**866,529**	**-39.6%**

Source: VSSC Data Cube, "Enrollment_Veteran Population Projections 02-22-05".

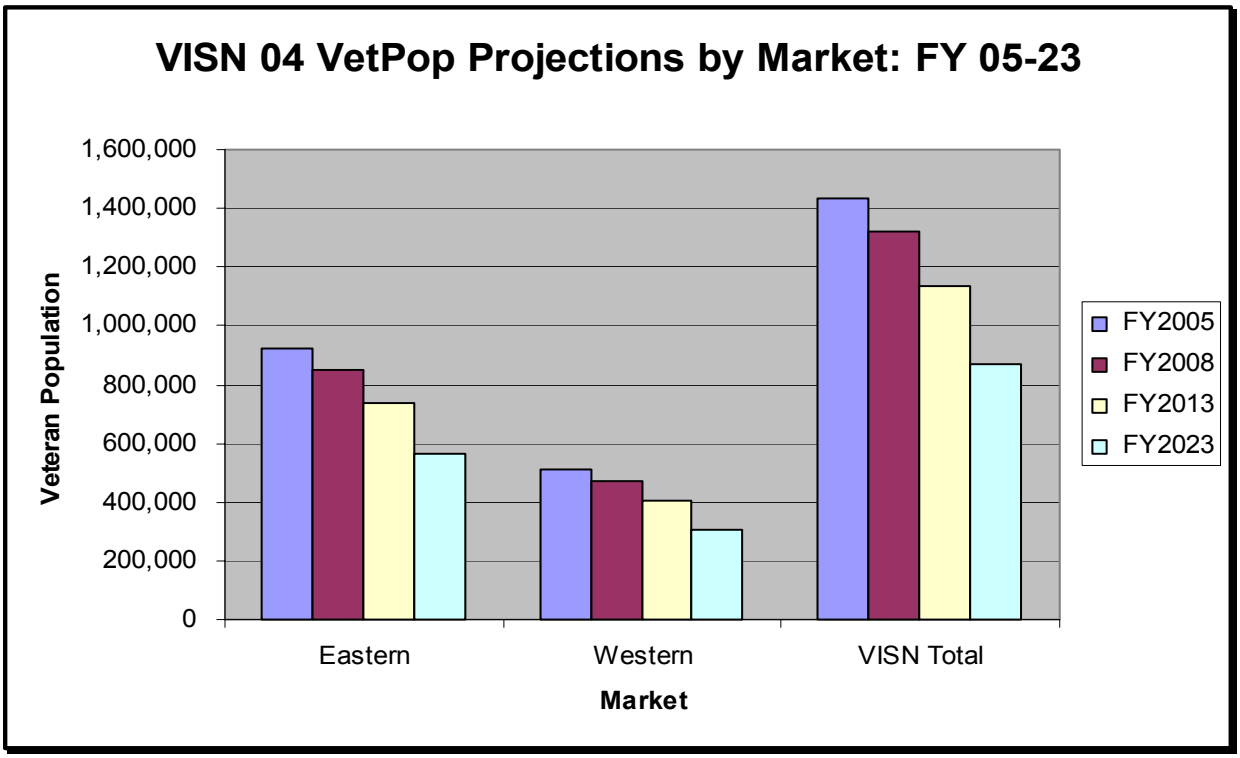


Table : VISN 04 Veteran Population Projections by Market, Age, and Gender: FY2005 - 2023

VISN	Market	Age	Gender	Fiscal Year			
				FY2005	FY2008	FY2013	FY2023
4	Eastern	< 45	Female	26,955	25,822	25,524	27,632
			Male	141,152	125,222	108,580	105,214
			< 45 Total	168,106	151,044	134,103	132,846
		45 - 64	Female	17,408	21,398	26,062	27,473
			Male	346,881	313,224	230,401	146,785
			45 - 64 Total	364,289	334,622	256,464	174,258
		65 - 84	Female	10,151	7,755	6,837	11,051
			Male	346,150	312,746	287,050	210,040
			65 - 84 Total	356,301	320,501	293,887	221,091
		85+	Female	2,280	3,544	2,901	1,417
			Male	30,884	41,321	47,275	33,231
			85+ Total	33,165	44,865	50,176	34,647
		Eastern Total		**921,861**	**851,032**	**734,630**	**562,843**
	Western	< 45	Female	12,884	12,654	12,764	13,271
			Male	79,238	72,631	65,923	63,036
			< 45 Total	92,122	85,284	78,687	76,307
		45 - 64	Female	7,957	9,573	11,430	12,206
			Male	188,394	168,087	123,250	77,959
			45 - 64 Total	196,351	177,660	134,681	90,165
		65 - 84	Female	5,698	4,300	3,719	5,793
			Male	199,062	175,668	156,484	111,352
			65 - 84 Total	204,760	179,969	160,203	117,145
		85+	Female	1,330	2,056	1,682	829
			Male	18,521	24,695	28,086	19,240
			85+ Total	19,851	26,751	29,769	20,069
		Western Total		**513,083**	**469,664**	**403,340**	**303,687**
	VISN Total			**1,434,944**	**1,320,696**	**1,137,970**	**866,529**

Source: VSSC Data Cube, "Enrollment_Veteran Population Projections 02-22-05".

Table : VISN 04 Enrollment Projections by Priority: FY2005 - 2023

Priority	Fiscal Year				% Change between FY05 & FY23
	FY2005	FY2008	FY2013	FY2023	
1 thru 6	282,319	304,117	299,843	252,835	-10.4%
7	74,168	44,822	44,883	36,146	-51.3%
8	91,591	41,004	30,693	20,176	-78.0%
VISN Total	**448,078**	**389,943**	**375,419**	**309,157**	**-31.0%**

Source: VSSC Data Cube, "Enrollment_Veteran Population Projections 02-22-05".

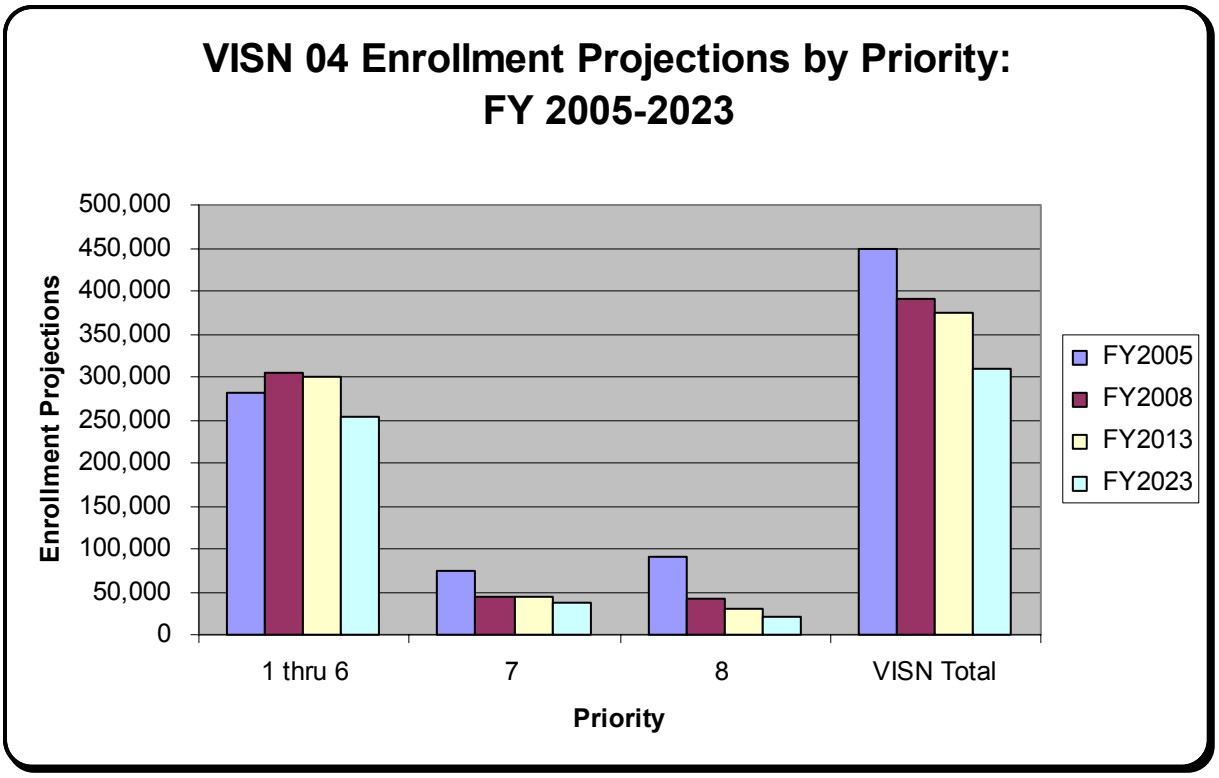


Table : VISN 04 Enrollment Projections by Market and Priority: FY2005 - 2023

VISN	Market	Priority	Fiscal Year			
			FY2005	FY2008	FY2013	FY2023
4	Eastern	1 thru 6	161,602	176,016	177,847	152,294
		7	53,337	32,798	33,306	26,841
		8	47,460	21,286	16,307	11,130
		Total	**262,399**	**230,100**	**227,460**	**190,264**
	Western	1 thru 6	120,716	128,101	121,996	100,542
		7	20,831	12,024	11,577	9,305
		8	44,131	19,719	14,386	9,046
		Total	**185,679**	**159,843**	**147,959**	**118,893**
	VISN Total		**448,078**	**389,943**	**375,419**	**309,157**

Source: VSSC Data Cube, "Enrollment_Veteran Population Projections 02-22-05".

Network Service Area

VISN 4 serves veterans in 104 counties in the states of Pennsylvania, West Virginia, Delaware, New Jersey, New York and Ohio. While it serves all the counties in Delaware, in Pennsylvania 4 of 67 counties are served by medical centers in other networks: Bath VAMC (VISN 2) for two counties in north central PA and Martinsburg VAMC (VISN 5) for two counties in south central PA. West Virginia falls within VISN 4's service area for 26 of its 55 counties, while only two New York counties are served. In addition, three of Ohio's counties are served by VISN 4 as are 7 of 21 counties in New Jersey.

The network is divided into two markets: one eastern and one western. The eastern market is comprised of 33 counties in eastern Pennsylvania, 7 counties in New Jersey, 3 counties in Delaware and 1 county in New York for a total of 44 counties. The western market consists of 60 counties that cover western Pennsylvania and adjacent counties in New York, Ohio and West Virginia. These markets reflect the service areas and patient referral patterns that have existed in VISN 4 since its inception.

Medically Underserved (Shortage) Areas

A large percentage (82%) of the network's counties are designated as medically underserved, including all three counties in Delaware, 84% of those in Pennsylvania, and 81% of the counties in West Virginia. In the eastern market, 75% of the counties

are designated as underserved, while 87% of those in the western market are classified as such.

Per-capita Income Below $25K

While 57% of the network's counties have per-capita income below $25,000, there are significantly more counties meeting this threshold in the western market (80%) than in the eastern market (25%). While all three VISN counties in Ohio and 85% of those in West Virginia have incomes below $25,000, none of the seven counties served in NJ (located in the eastern market) fits that description.

Veteran Population

VISN 4's veteran population is estimated to be 1.43 million in FY 2005, nearly *two-thirds* of whom live in the eastern market. Between FY 2005 and FY 2023, the number of veterans living in the network is projected to decline significantly, representing a net loss of over 568,000. Overall, the network is expected to see a 40% decrease in the estimated veteran population. Between FY 2005 and FY 2023, the rate of decline within each market is projected to be almost identical: 39 percent in the eastern market and 41% in the western market.

Age/Gender

Both VISN 4 markets are projected to see an increase in women veterans over time, reflective of the greater number of women serving in the military. Growth is most evident in the 45-64-year-old segment where, between FY 2005 and 2023, the women veteran population is projected to increase by 58% in the eastern market and 53% in the Western market. In sheer numbers, it is anticipated there will be nearly 15,000 more women veterans in this group in FY 2023 than today. On the contrary, female veterans over age 85 show an increase in 2008, and then decline in 2013 and 2023 for both markets.

Unlike the women veterans, all segments of the male veteran population in both markets are expected to decrease in number-- *except for those over 85*. That group's size steadily rises in FY 2008 and FY 2013 before declining significantly sometime between FY 2013 and 2023. Nonetheless, it is estimated that there will still be about 3,000 more of these oldest male veterans in FY 2023 than there are today. In contrast to the women veterans, the biggest *decrease* in male veterans will involve those ages 45-64. Overall, VISN 4 is projected to see this middle-aged segment drop by more than 310,000 between FY 2005 and 2023.

Enrollment Projections and Market Share by Priority Groups

VISN 4's enrollee population is projected to decline by 31% between FY 2005 and FY 2023. In sheer numbers, this represents a net loss of nearly 139,000 enrollees from the

baseline year. Enrollment declines will be large in both markets: over 72,000 in the eastern market and nearly 67,000 in the western market.

The dramatic drop in enrollees is due, in part, to major decreases expected among Priority 7 and 8 veterans. In fact, these veteran groups are projected to decline by over 51% and 78% respectively during this time frame. The most precipitous decreases in enrollment are expected to occur between FY 2005 and 2008 (a loss of 58,000) and FY 2013 and 2023 (a loss of 66,000).

In FY 2005, the majority of VISN 4's enrollees (approximately 63%) fall into priority groups 1-6. Another 16.5% are in priority group 7, with the remaining 20.5% falling within priority group 8. By FY 2023, however, this mix of enrollees is expected to skew even more toward higher priority veterans. At that time, about 82% are projected to be within priority groups 1-6, approximately 12% within priority group 7, and slightly more than 6% being priority group 8 veterans.

Although they represent the majority of enrollees, veterans in priority levels 1-6 are also expected to decline over time. The eastern market will not begin to see a net loss in the number of these veterans until sometime after 2013, while the western market will actually see declines sometime after 2008. Overall, this group is projected to experience a net loss of over 30,000 between FY 2005 and 2023, with the more significant drop occurring in the western market; i.e., more than 20,000 veterans, or roughly a 17% decline.

Based on its number of enrollees, VISN 4 has an estimated 31% enrollee market share in FY 2005. This market share is projected to decline to 29.5% by FY 2008, then begin rising again to peak at approximately 35.5% in FY 2023. Note that this growth in market share is not a function of increasing numbers of enrollees over that time but, rather, the precipitous decrease anticipated in the number of veterans living in VISN 4.

4. Narrative

The current five (5) year Capital Plan submitted in February 2005 accurately reflects the initiatives in Behavioral Health and the CARES initiatives. With the addition of planned Community Based Outpatient Clinics, this will enhance the mental health services currently provided in VISN 4 to meet our veterans' needs.

The VA Stars & Stripes Healthcare Network is committed to providing the highest quality care to veterans. Within VISN 4, Behavioral Health services comprise a substantial proportion of the health care delivery capacity. Approximately 22% of the veterans currently using VHA obtain specialized mental health and substance abuse utilizes services in any given year. Veterans accessing behavioral health services are a high priority cohort, with approximately 85% being in priority groups 1 through 6.

VISN 4 provides a Uniform Benefits Package through its multiple delivery access points. This does not mean that each of the 10 medical centers provides every benefit outlined by VA benefits provisions, but that a veteran is referred to a facility to ensure that all his or her needs are cared for in the most seamless, continuous way possible. The geography and referral patterns of the facilities in VISN 4 naturally divide the network into two markets, west and east. The western market is composed of five medical centers including Pittsburgh, Altoona, Butler, Clarksburg, and Erie. The eastern market includes the medical centers Philadelphia, Coatesville, Lebanon, Wilkes-Barre, and Wilmington. Within each market, the VISN has developed a full continuum of care that includes:

- Inpatient acute and sub-acute beds
- Domiciliary and residential rehabilitation services for Homeless, PTSD and Substance
- Compensated Work Therapy/Transitional Residence (CWT/TR) Housing
- Grant & Per Diem Beds for our Homeless veterans
- Community Residential Care Programs
- Outpatient mental health and substance abuse disorder services with sub specialties in:
    - PTSD
    - Military Sexual Trauma
    - Geriatrics
    - SMI
    - Opiate substitution

- Mental health services in our CBOCs
- Mental Health Intensive Case Management (MHICM) services for our veterans with SMI
- Homeless Outreach and Case management
- CWT

A priority for the behavioral health service has been on the appropriate care for the veteran that has included access, coordinated care and quality care. A particular focus has been on the needs of veterans with SMI, PTSD, returning OEF/OIF veterans, substance abuse disorders and veterans who have been homeless or are at risk for homelessness.

VISN 4's primary operating principles have been, and will continue to be, quality and efficiency. We adhere to one tenet—that our standard of care is equal to or better than the community standard of care. Many of our facilities are affiliated with major medical schools. At the very least, our quality of care should be the same as at those major medical teaching institutions. In addition, VISN 4 has two centers of excellence the MIRECC and the Centers of Excellence in Substance Abuse & Education (CESATE) which now function as technical experts to our Behavioral Health services.

Most recently, the Behavioral Health Service within VISN 4 has been committed to implementing the recommendations of the VA Action Agenda for Transforming Behavioral Health Care. To this end, it has adopted the core principles of the Action Agenda. Related planning tactics are reflected in this strategic plan.

- Recognize mental health programs as uniquely important to veterans' overall health care
- Develop a system of care committed to providing equal importance and access to quality medical and mental health care
- Understand and value mental health as a public health issue requiring screening, prevention, and treatment programs as key components of care
- Commit to recovery-based, veteran and family-centered mental health programs
- Use best practices and evidence based interventions to promote the highest quality of care
- Ensure that collaborative care models are incorporated into VA's primary care team structure
- Promote research programs based on recovery and finding means to prevent and cure mental illnesses
- Require cultural competence and diversity in VA programs and among staff. (For VA staff, a critical additional requirement for cultural competence is knowledge about military culture, veterans' experiences in different combat eras and their impact on veterans' health)
- Strive for continuous improvement in care for veterans with serious mental illnesses, substance abuse and homelessness.
- Outreach to OEF/OIF veterans promoting a seamless transition from DoD to VA

In our commitment to achieve goals of the Action Agenda and to address the CARES and Mental Health model projections, the following initiatives will be implemented as part of our strategic planning process.

Inpatient Psychiatry & Substance Abuse

- At Philadelphia VAMC, establish 25 Psychiatric Residential Rehabilitation Care beds focused on veterans with psychiatric and substance use disorders and 10 Homeless/SMI CWT/TR beds will be added in our eastern market. There is no identified need in our western market for psychiatric/substance use disorder beds.

Ambulatory – Behavioral Health

- Behavioral Health ambulatory care needs will be expanded in both the western and eastern markets. This will be accomplished through three primary initiatives.

    - The first is to expand our PTSD and OEF/OIF services. Beginning in FY 05 additional Full Time Equivalent Employees (FTEE) will be added to Wilmington, Philadelphia, Lebanon and Wilkes Barre to enhance PCT and OEF/OIF clinical services. In the western market additional FTEE will be added to Pittsburgh
    - The second initiative is to expand behavioral health services in our CBOCS. Within the eastern market CBOCs located in Wilmington, Philadelphia, Lebanon and Wilkes Barre have been targeted to receive additional FTEE. These medical centers and the Coatesville medical center will also expand their utilization of telepsychiatry.
    - Third initiative is to expand ambulatory services for veterans with serious mental illness (SMI). In our eastern market, additional FTEE will be added to VAMCs Coatesville, Philadelphia and Lebanon. In the western market, additional staff will be added to VA Pittsburgh Healthcare System. Additional FTEE will be encouraged to develop peer to peer models for this population while also implementing the evidenced based skill treatment protocols.

In our western market, Altoona and Pittsburgh VAMCs have been targeted for FTEE enhancements to their CBOCs. By 2006 we will have Behavioral Health services established in all of our CBOCs

Methadone Treatment

A major strategic initiative within the network has been to disseminate and implement the evidence based treatment buprenorphine for veterans with opiate addiction. Based on the behavioral health projection model our network can expect a decrease in need for methadone maintenance services in the eastern market and an increased need for services in the western market. We plan to address the projected utilization need by having buprenorphine available at all 10 medical centers. We will continue to have at least one methadone clinic in both the eastern and western market.

Work Therapy

Work Therapy Programs will be established and or enhanced at all 10 of our medical centers. Initially, focus will be on addressing the unmet needs of veterans with SMI returning to gainful employment by 2007. We plan to expand our capacity to include the entire behavioral health population in participating in the newly authorized supportive employment model.

Appendix A, Reporting Templates

Report Template 1- Mental Health Gap Solutions

REPORT TEMPLATE 1 (REV June 27, 2005)

Mental Health Gap Solutions by Facility for VISN 04

NOTES: Current and forecast workload is either inpatient Bed Days of Care (BDOC) or outpatient clinic stops.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
Market	Mental Health Program	FY 2003 Actual Workload (BDOC or Stops)	Planned increase in workload FY 2006 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2007 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2008 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2009 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2010 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Cumulative increase in workload by end of FY 2010 (BDOC or Stops)	Gap in FY 2013	Percentage of 2013 Gap Closed by end of FY 2010	Gap in FY 2023
04-Eastern	Inpatient Psychiatry and Substance Abuse	29061	10054			2467			108			-61			-246			12322	11073	111%	6896
04-Western	Inpatient Psychiatry and Substance Abuse	16465	5770			-68			-30			-432			-457			4783	3359	142%	-293
04-Eastern	Other: VA Mental Health Inpatient Programs	36383	-3952			2012			1920			1811			1650			3441	6237	55%	7071
04-Western	Other: VA Mental Health Inpatient Programs	15306	7856			1421			1345			850			819			12291	13568	91%	13068
04-Eastern	Ambulatory: Behavioral Health	204397	19968			11346			6154			4991			3938			46397	51841	89%	48394
04-Western	Ambulatory: Behavioral Health	125379	31416			6456			3222			1071			543			42708	40848	105%	30175
04-Eastern	OP Mental Health Program: Community MH Residential Care	2602	269			33			23			6			-17			314	107	293%	-812
04-Western	OP Mental Health Program: Community MH Residential Care	2783	-727			11			8			-38			-44			-790	-993	80%	-1661
04-Eastern	OP Mental Health Program: Day Treatment	9114	4969			1815			1662			1495			1346			11287	12569	90%	4744
04-Western	OP Mental Health Program: Day Treatment	6193	3397			1200			1099			825			766			7287	7862	93%	2643
04-Eastern	OP Mental Health Program: Homeless	5575	2858			1440			1370			1398			1408			8474	11014	77%	8062
04-Western	OP Mental Health Program: Homeless	5480	805			1084			1017			919			931			4756	6362	75%	4299
04-Eastern	OP Mental Health Program: Mental Health Intensive Case Management (MHICM)	4054	3175			1569			1505			1431			1350			9030	11116	81%	7621
04-Western	OP Mental Health Program: Mental Health Intensive Case Management (MHICM)	4803	-70			1017			978			807			777			3509	4667	75%	2318

Market	Mental Health Program	FY 2003 Actual Workload (BDOC or Stops)	Planned increase in workload FY 2006 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2007 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2008 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2009 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Planned increase in workload FY 2010 (BDOC or Stops)	Facility or Contract	Amt of Workload @ Facility or contracted (BDOC/Stops)	Cumulative increase in workload by end of FY 2010 (BDOC or Stops)	Gap in FY 2013	Percentage of 2013 Gap Closed by end of FY 2010	Gap in FY 2023
04-Eastern	OP Mental Health Program: Methadone Treatment	73316	-19101			-133			-996			-1120			-1265			-22615	-27792	81%	-44345
04-Western	OP Mental Health Program: Methadone Treatment	12327	28026			-170			-815			-1337			-1327			24377	20019	122%	7646
04-Eastern	OP Mental Health Program: Work Therapy	29296	6941			5404			5040			5073			5050			27508	35805	77%	21930
04-Western	OP Mental Health Program: Work Therapy	16647	10283			4007			3681			3238			3251			24460	29416	83%	19499

Instructions:

1. Columns A, B, C, T & V can be completed by using the Briefing Book in ProClarity Planning Library Titled " Template 1 (Mental Hlth) for Strategic Plan-05."

2. Highlight those programs for which gaps meet critical thresholds as per guidance pages 7 & 8.

3. For each of the highlighted rows in columns D, G, J, M, and P show how much you plan to increase workload each year. Note that by 2010 you are expected to close at least 60% of the gap projected for 2013.

4. For each pair of columns (E-F, H-I, K-L, N-O, Q-R) fill in the facility name which will supply the workload (where the market workload will be allocated), and the amount of BDOC or stops that will be allocated to that facility. If a portion of the workload is allocated to contract care, fill in the word contract instead of the name of the facility.

5. Column S calculates cumulative planned increase in workload expected to be achieved by the end of FY 2010 Column (Column D + G + J + M + P).

6. Column U calculates the percentage of the 2013 gap closed by the end of FY2010 (Column S / Column T)

Report Template 2 - Mental Health Actions for VISN 4

A	B	C	D		F
Market	**Mental Health Program**	**Target to be achieved by end of FY 2010 (BDOC or Stops)**	**VISN Actions to Achieve Target**	**Mental Health Strategies (from MHSP) linked to each Action**	**Initiatives (from MHSP) linked to each action**
Eastern	Inpatient Psychiatry/Substance Use	2007 with average daily census of 22 and an average length of stay of 60 days.	Establish 25 PRRTP beds @PVAMC. Focused on veterans with SMI & substance use disorders who have been homeless or are at risk for homelessness	Medical Centers will have adequate beds and staffing to meet the needs of the local veteran population. Restore VHA's ability to consistently deliver state of the art care for veterans with substance use disorders	PRRP services to be increased at the VISN level to address the gap in residential care identified based on the MHSP Model projection.
Eastern	Ambulatory	FTEE for OEF/OIF, SMI and PTSD and CBOCs expected to have 1740 encounters per FTEE	Medical Centers in the East will develop specialty services for returning OEF/OIF veterans, recovery oriented treatments for veterans with SMI and more family based services that are research informed and defined as evidence based treatments.	Provide a full continuum of compassionate care for veterans with mental illness Promote effective outreach and reintegration of soon to be recently deactivated military personnel.	Promote coping skills resiliency and community support. Transition planning for OEF/OIF veterans and opportunities for peer to peer support. Development of service agreements between primary care and mental health.
Western	Ambulatory	FTEE for OEF/OIF, SMI and PTSD and CBOCs expected to have 1740	Medical Centers in the western market will implement specialty service for OEF/OIF(Pittsburgh),	Each medical center will have a mental health clinic with adequate staffing to	Provide support for the development of peer to peer

		encounters per FTEE	SMI (Pittsburgh) and substance use disorders (Butler and Altoona) and Behavioral Health in CBOCs (Pittsburgh and Altoona)	meet the mental health needs of veterans. Reduce barriers to working with families	supports. Expand PTSD outpatient services.
Western	Methadone	Each credentialed physician can have an active caseload of 30 patients	Increase Buprenorphine availability at Pittsburgh, Altoona and Butler facilities. Staff at these sites have already participated in a credentialing process and are eligible to prescribe. Will retain methadone maintenance program at Philadelphia.	Restore VHA's capability to provide state of the art substance use care	Increase use of Buprenorphine to meet the increase need for opiate substitution treatment Promote implementation of researched, evidence based treatments.
Eastern	Work therapy	06/07 Each new FTEE should have an active case load of 25 veterans	Establish and or enhance Work therapy programs @ Philadelphia, Coatesville, Lebanon, Wilmington & Wilkes Barre	Increase opportunities for veterans to participate in supportive employment. Increase collaboration with VBA.	Work with community partners to increase supported employment opportunities for veterans.
Western	Work Therapy	06/07 Each new FTEE should have an active case load of 25 veterans	Establish and or enhance our CWT programs at all western market medical centers		

Instructions

1. In Column A and B, list the market and the mental health programs identified in Report Template 1 Columns A & B.
2. In Column C, list the workload increase between FY 2003 and the end of FY 2010 (Column N from Report Template 1.)
3. In Column D, list the actions the VISN is planning to reach the target workload.
4. In Columns E & F, link each action to a mental health strategy and to an initiative as given in the Mental Health Strategic Plan at http://vaww.va.gov/vhaopp/default.htm

Report Template 3 - Domiciliary Residential Rehabilitation Treatment Programs Gap Solutions by Facility for VISN 4

REPORT TEMPLATE 3 (REV June 27, 2005)

Domiciliary Residential Rehabilitation Treatment Programs Gap Solutions by Facility for VISN 04

Use as many pages as necessary.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
VISN	Domiciliary Residential Rehabilitation Treatment Program	FY 2003 Actual Workload (Beds)	Planned increase in workload FY 2006 (Beds)	Facility or Contract	Amt of Workload @ Facility or contracted (Beds)	Planned increase in workload FY 2007 (Beds)	Facility or Contract	Amt of Workload @ Facility or contracted (Beds)	Planned increase in workload FY 2008 (Beds)	Facility or Contract	Amt of Workload @ Facility or contracted (Beds)	Planned increase in workload FY 2009 (Beds)	Facility or Contract	Amt of Workload @ Facility or contracted (Beds)	Planned increase in workload FY 2010 (Beds)	Facility or Contract	Amt of Workload @ Facility or contracted (Beds)	Cumulative increase in workload by end of FY 2010 (Beds)	Gap in FY 2013	Percentage of 2013 Gap Closed by end of FY 2010	Gap in FY 2023
4		359	90			-10			-10			-11			-9			50	9	556%	-61

Instructions:

1. Columns A, B, C, T & V can be completed by using the Population at Risk Dom Model Projections" located on the VSSC Planning web: site http://planning.vssc.med.va.gov/default.aspx. Click on Strategic Planning General and scroll down to the data base.
2. For each of the rows in columns D, G, J, M, and P show how much you plan to increase workload each year. Note that by 2010 you are expected to close at least 60% of the gap projected for 2013.

3. For each pair of columns (E-F, H-I, K-L, N-O, Q-R) fill in the facility name which will supply the workload (where the market workload will be allocated), and the amount of BDOC that will be allocated to that facility. If a portion of the workload is
5. Column S calculates cumulative planned increase in workload expected to be achieved by the end of FY 2010 Column (Column D + G + J + M + P).

6. Column U calculates the percentage of the 2013 gap closed by the end of FY2010 (Column S / Column T)

Report Template 4 - Mental Health Capital Plan Update

No changes required for Capital Planning for Mental Health

VISN #4	VISN Name: VA Stars & Stripes Healthcare Network Capital Planning for Mental Health										
	Workload						Current Square Feet	Projected Square Feet		% Difference Between Current and Projected	
	2003		2013		2023						
Facility	Beds	Stops	Beds	Stops	Beds	Stops		2013	2023	2013	2023

Report Template 5 - CARES Community Based Clinics

Report Template 5

VISN # 4 VISN Name Stars & Stripes Healthcare Network

CARES Community Based Clinics

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
										Financial Linkage				Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")							
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Facility Name (For tracking purposes)**	V	State	Market	Parent Facility	Reason for Priority Status	Workload Units	$ per workload unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	Year Planned to Open	Revised Year Planned to Open	Priority within each FY (1,2,3,etc)	Date plan submitted to VHA	Date VHA approved & submitted to VA	Date Submitted to Congress	Date Congress approved	Activation Date
3		Venango County CBOC was opened April 19, 2005	CBC-V04-002	Venango	4	PA	Western	Erie	Not Priority	Panel of 1260 pts	245	$ 308,500	$1,200,000	2004	05						2005
3			CBC=V04-002	Venango	4	PA	Western	Butler	Not Priority	670	297	$ 198,989 (includes .6 FTEE Health tech, .6 FTEE physician, & .6 FTEE beh health providers	Shared with Erie	2004	05						2005
3	4,5		CBC-V04-004	Morgantown (Monogalia County)	4	WV	Western	Clarksburg	Not Priority	2500	530	$ 1,325,000	$ 400,000	2006	06	4		P			2006
3	4,5	The Warren County CBOC, located in Warren, PA was opened on March 22, 2005	CBC-V04-006	Warren County	4	PA	Western	Erie	Not Priority	Panel of 1250 pts	333	$ 420,469	$1,300,000	2005			Mar 04				2005
3	4,5,14,15	The CBOC in Sewell, NJ (Gloucester County) had been operating only 3 days a week and has been expanded to 5 days per week in Feb 2005	CBC-V04-003	Gloucester County	4	PA	Eastern	Philadelphia	Not Priority			$ 1,657,967		2003							2004
3	3,4,14,15	CBOC at Uniontown, PA was opened on March 7, 2005	CBC-V04-005	Uniontown (Fayette County)	4	PA	Western	Pittsburgh (ALL)	Not Priority			$ 669,244		2005			Mar 04				2005
3		The Northampton County CBOC, located in Bangor, PA was opened on December 13, 2004	CBC-V04-001	Bangor	4	PA	Eastern	Wilkes-Barre	Not Priority					2004							
4		Under the CARES projections, the demand for primary care services at Philadelphia increases		Camden County	4	NJ	Eastern	Philadelphia	Not Priority	2800				2007							

		and peaks at 230,868 stop codes in FY2009. this represents a 100% increase in Primary Care workload over FY2003 projections. The workload returns to the FY02 levels in FY22. Primary Care workload will never in the 20-year projections decrease below FY02 levels. Like the establishment of the CBOC in Gloucester County, a Camden CBOC will decompress the demand on space required for primary care at the hospital as well as relieve parking congestion at the Philadelphia VA Medical Center. However, even with the establishment of a CBOC, the medical center still faces a shortage of 8,500 sq feet.																			

Report Template 5 (con't) - CARES Community Based Clinics

										Financial Linkage				Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")							
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Facility Name (For tracking purposes)**	V	State	Market	Parent Facility	Reason for Priority Status	Workload Units	$ per workload unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	Year Planned to Open	Revised Year Planned to Open	Priority within each FY (1,2,3,etc)	Date plan submitted to VHA	Date VHA approved & submitted to VA	Date Submitted to Congress	Date Congress approved	Activation Date
3	4,5,8	Requesting addition of initiative to meet the needs of veterans in the Dover area. As the need for specialty treatment increases at the Parent Facility we can offer primary care and mental health care in the Dover area. This will allow us to have space to expand specialty care at the Parent facility and provide access to veterans in Kent County, DE.		Dover	4	DE	Eastern	Wilmington	Not Priority	6300	$125	$775,754	$118,500	2007			Oct-05				2007

Report Template 6 - CARES Construction Projects

Report Template 6
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Construction Projects

A	B	C	D	E	F	G	H	I	J
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**Description**	**CARES Category(s)**	**Program (Major, Minor)**	**Project Number (Even if already complete)**
3		IP in house expansion not appropriate	CON-V04-002	4	Butler	IP In house expansion (appropriate)			
3		IP in house expansion not appropriate	CON-V04-001	4	Highland Drive	IP In house expansion (appropriate)			
3			CON-V04-003	4	Philadelphia	IP In house expansion (appropriate)			

Report Template 7 - CARES Lease Activities

Report Template 7
VISN #4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Lease Activities

A	B	C	D	E	F	G	H	I	J	K	L	M	N
								Financial Linkage					
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**Description**	**CARES Category(s)**	Square Feet	Annual $ per SF	Estimated Annual Recurring Costs	**>$300K or <$300K per YR**	**Lease Number**	**CBOC, CON, TRN, etc # (if applicable)**
None													

Report Template 8 - CARES Contracting Activities

Report Template 8
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Contracting Activities

								Financial Linkage			Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")					
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**Description**	**CARES Category(s)**	Workload Units	$ per workload unit	Estimated Annual Recurring Costs	**Transition Plan Complete**	**Feasibility Study Complete**	**Application Submitted**	**Estimated Start Year**	**Priority within each FY (1,2,3, etc)**	**Date Implemented**
3		Currently have no plans for contracts. Increase in volume is not expected until closer to 2013.	Contr-V04-001	4	Highland Drive	Community Contracts OP Services										
3	2	This initiative has been implemented and is completed. The two contract CBOC's (Clarion and Armstrong Clinics) for VAMC Butler have been expanded. In addition to contract services, a new VA staffed CBOC in Venango County has also opened in 2005. Behavioral Health Services are offered in all of the CBOC's.	Contr-V04-002	4	Butler	Community Contracts OP Services	Outpatient-Primary Care	2,500 patients	$329	$823,000						
3	2		Contr-V04-003	4	Altoona	Community Contracts OP Services	N/A	None	None	None	None	None	None	None	None	None
3		Currently have no plans for contracts. Increase in volume is not expected until closer to 2012.	Contr-V04-004	4	Erie	Community Contracts OP Services										

Report Template 9 - CARES Enhanced Use Leasing Activities

Report Template 9
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Enhanced Use Leasing Activities

A	B	C	D	E	F	G	H	I	J	K
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**CARES Category(s)**	**EU Number**	**Year Planned**	**Date of Initial Concept Paper**	**Date approved to Proceed**
3			EUL-V04-002	4	Butler (Butler VA/Butler Memorial co-location)					
3			EUL-V04-001	4	Highland Drive (site reuse or disposition)					

Report Template 10 - CARES Small Facilities (Veterans Rural Access Hospitals)

Report Template 10
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Small Facilities (Veterans Rural Access Hospitals - VRAH)

A	B	C	D	E	F	G	H	I	J	K	L
							Initial Milestones		**IF** New Designation:	**Complete the tab labeled Transition**	
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**adding or requesting removal of an Initiative** (See Guidelines in the	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**Type of Review**	**Date of Review**	**Outcome (New VRAH designation? Status Quo?)**		**Planned Date of Transition Plan**	**Transition Plan Strategic Initiative Tracking Number**
3			VRAH-V04-01	4	Altoona	VRAH	12/21/2004	Status Quo			
3			VRAH-V04-02	4	Erie	VRAH	1/12/2005	Status Quo			

Report Template 11 - Progress Report of Special Disability Program Initiatives

Report Template 11
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
Implementation Progress Report of Special Disability Program Strategic Initiatives

A	B	C	D	E	F	G	H	I	J	K	L	M	N
								Financial Linkage					
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Link to VHA Strategy 1-8**	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**VISN**	**Facility**	**Type**	**CARES Category**	Workload Units	$ per workload unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	**Date and Outcome of Analysis**	**Date of Approval for Implementation**
NONE													

Report Template 12 - CARES VBA/National Cemetery Administration Collaborations

Report Template 12
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Veterans Benefits Administration (VBA) / National Cemetery Administration (NCA) Collaborations

A	B	C	D	E	F	G	H	I	J	K	L
							Initial Milestones			Financial Linkage	Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Link to VHA Strategy 1-8**	**VISN**	**Facility**	**Dept**	**Feasibility Study Complete**	**Outcome (Go-No go)**	**If Outcome = Go**	Non-recurring costs, indicate Construction, Lease, Contracting or EUL Tracking Number	**Start Date**
None											

Report Template 13 - CARES Sharing and DoD Collaborations

Report Template 13
VISN # 4 VISN Name: VA Stars & Stripes Healthcare Network
CARES Sharing and Department of Defense (DoD) Collaborations

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
								Financial Linkage				Planned Milestones Dates (FY 06 - 10 or "beyond")		
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Link to VHA Strategy 1-8**	**VISN**	**Facility**	**Type of Sharing**	**CARES Category**	Workload Units	$ per workload unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	**Date of Application**	**Date Plan approved**	**Date Activated**
NONE														

Report Template 14 - CARES Transition Plans

Report Template 14
VISN # 4 VISN Name: VA Stars and Stripes Healthcare Network
CARES Transition Plans

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
							Financial Linkage				Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")			
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Link to VHA Strategy 1-8**	**VISN**	**Facility**	**Description**	# of Units (indicate workload, SF, etc)	$ per unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	**Date of Transition Plan**	**Start date**	**Priority within each FY (1,2,3,etc)**	**Implementation Date**
3		TRN-V04-001	2	4	Butler	Plan for discontinuing IP services	427 admissions	$ 9,276	$3,961,039		8/05	1/06		1/06
3	The SCI Outpatient Center at VAMC Philadelphia was fully activated in April 2005. Its implementation is complete and ongoing.	TRN-V04-002	1	4	Philadelphia	SCI OP Center Clinic certification	1,008 visits	$ 194	$ 195,800	$50,000		12/04 7/06		4/05

							Financial Linkage				Planned Milestones Dates (FY 06, 07, 08, 09, 10 or "beyond")			
Source: 1. LTC Demand Policy 2. MH Strategic Plan 3. Secretary's Doc 4. New/updated gaps	**Justification for adding or requesting removal of an Initiative** (See Guidelines in the README tab)	**Strategic Initiative Tracking Number**	**Link to VHA Strategy 1-8**	**VISN**	**Facility**	**Description**	# of Units (indicate workload, SF, etc)	$ per unit	Estimated Annual Recurring Costs	Non-recurring costs, indicate Construction, Lease, Contracting or EU Tracking Number	**Date of Transition Plan**	**Start date**	**Priority within each FY (1,2,3,etc)**	**Implementation Date**
3	VISN 4 is accomplishing this initiative through sharing of services throughout the Eastern Market to include Philadelphia, Coatesville, Wilmington, Lebanon, and Wilkes Barre. These activities have been on-going for the past year and are focused primarily in the Lebanon, Wilmington, Coatesville, and Philadelphia area. As identified in the CARES Report, there is a growing need for specialty services in this area. While specialty services are available at Philadelphia, the demand far exceeds the supply. Wilmington has been able to meet the patient need for General Surgical and GU services of the nearby medical centers, while services for open-heart procedures are consolidated at Philadelphia through a contract with the University of Pennsylvania. In the past year Philadelphia has treated over 62 cardiac cases from Wilmington and Wilmington has completed over 135 referrals from Coatesville and Lebanon VAMC's for GU and General Surgical services and are currently expanding this process by offering GI services to the other medical centers. In addition to these services (inpatient and outpatient), Wilmington is able to provide inpatient support to Philadelphia by taking its overflow of general medical cases. In the past year occupancy rates for Philadelphia and Wilmington have been 71.90% and 72.85% respectively.	TRN-V04-003	2	4	Philadelphia	Consolidate Services w/ Wilmington	4000 BDOC	$ 753	$ 3,014,880			6/04		1/05

Appendix B, Crosswalk of Strategies

CROSSWALK
VA/VHA GOALS, OBJECTIVES, & STRATEGIES - FY 2005

President's Management Agenda	VA Goals	VHA Objectives	VHA Eight for Excellence Planning Strategies	15 Strategies for 2006-2010	VISN Operating Priorities	Section of Performance Plan	Performance Measures
Budget and Performance Integration	Restore the capacity of veterans with disabilities to the greatest extent possible and improve the quality of their lives and that of their families	Maximize the physical, mental, and social functioning of veterans with disabilities and be recognized as a leader in the provisions of specialized health care services	1. Continuously improve the quality and safety of health care for veterans, particularly those health issues associated with military service.	1. Lead the nation in health care for patients with disabilities commonly associated with military service. 2. Maximize recovery of patients with mental conditions. 5. Continuously improve the quality and safety of health care. 6. Emphasize patient-centered care, especially for our most vulnerable patients. (Care Coordination initiatives specifically.)	Care/Case Management/ Fragmented Care	PART A Section 1, IV PART B Measures 1, 2, 7, 7C, 8, 9, 11, 12, 13, 14, 15, 16, 17, 19, 19F-H, 20	1, IV. Maintain capacity to provide for the specialized treatment and rehabilitative needs of disabled veterans 1. Mental Health Patients' Access to Care a. MH in CBOCs b. Homeless vets--MH/SUD after intake c. Homeless vets--MH/SUD in homeless program d. Homeless vets--PC in homeless pgm e. Homeless vets--MH/SUD after discharge 2a. MHICM capacity 2b. SMI--screening for MHICM 7. Rehabilitation 7 (SI) Functional status 8. Homeless 9. Non-institutionalized Care (ADC) 11. Cancer 12. Cardiovascular 13. Endocrinology 14. Infectious Measure 15. Mental Health 16. Nursing Home Care Unit 16 (SI) RAI/MDS assessment 17. Tobacco 19. Radiology--Report Verification/Timeliness 19 (SI) VistA patch install 19 (SI) POE into CPRS 19 (SI) CPRS progress notes 20. Surgical Site Infection 20a. Drug begun timely 20b. Appropriate drug given

President's Management Agenda	VA Goals	VHA Objectives	VHA Eight for Excellence Planning Strategies	15 Strategies for 2006-2010	VISN Operating Priorities	Section of Performance Plan	Performance Measures
	Ensure a smooth transition for veterans from active military service to civilian life	Ease the reentry of new veterans into civilian life by increasing awareness of, access to, and use of VA health care, benefits and services	2. Provide timely and appropriate access to health care by implementing best practices.	3. Provide a seamless transition from military to VA health care. 4. Promote timely and equitable access to health care. 6. Emphasize patient-centered care, especially for our most vulnerable patients. (Indian Health initiatives specifically.)	Specialty Care	PART B Measures 3, 4, 18	3a. Waiting Times – Clinic – New Patients Audiology Cardiac Eye Care Gastroenterology Mental Health Individual Orthopedics Primary Care Urology Primary Care – appt when wanted 3b. Waiting Times – Clinic – Established Pts Audiology Cardiac Eye Care Gastroenterology Mental Health Individual Orthopedics Primary Care Urology Primary Care – appt when wanted 4. Waiting Times – Provider 18. C&P Exam Quality 18 (SI) Afghan/Iraq post deployment
Budget and Performance Integration	Honor and serve veterans in life and memorialize them in death for their sacrifices on behalf of the Nation	Provide high quality, reliable, accessible, timely, and efficient health care that maximizes the health and functional status for all enrolled veterans, with special focus on veterans with service-connected conditions, those unable to defray the cost, and those statutorily eligible for care	3. Continuously improve veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service.	7. Proactively invite and act on complaints and suggestions.	None	PART A Section 2, I PART B Measure 21	2, I. Integration of patient satisfaction and stakeholder support into mgmt plan 21. Veteran Satisfaction (SHEP) 21a. Ambulatory Care 21b. Outpatient
Strategic Management of Human Capital	Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people	Recruit, develop, and retain a competent, committed, and diverse workforce that provides high quality service to veterans and their families	4. Promote diversity, excellence and satisfaction in the workforce, and foster a culture which encourages innovation.	12. Match VHA's human resources with current and future staffing needs. 13. Enhance the work environment to improve employee satisfaction.	Succession Planning	PART B Measure 22	22 Work Force Planning and Program Implementation 22a. Strategic Workforce Planning 22b. Leadership and Employee Development 22c. Employee Satisfaction 22d. Diversity and EEO Management

President's Management Agenda	VA Goals	VHA Objectives	VHA Eight for Excellence Planning Strategies	15 Strategies for 2006-2010	VISN Operating Priorities	Section of Performance Plan	Performance Measures
Competitive Sourcing Improved Financial Performance Expanded Electronic Government	Deliver world-class service to veterans and their families by applying sound business principles that result in effective management of people	Improve the overall governance and performance of VA by applying sound business principles, ensuring accountability, and enhancing our management of resources through improved capital asset management; acquisition and competitive sourcing; and linking strategic planning, budgeting, and performance planning	5. Promote excellence in business practices through administrative, financial, and clinical efficiencies.	8. Equip patients and staff with practical health information. 15. Increase revenue and efficiency through sound business practices.	Clinical Efficiencies Administrative Efficiencies	PART B Measures 5, 6	5. Financial Index 5 (SI) Budget plan 5 (SI) Thin clients 6. Revenue – Collections (FYTD actual vs. target)
Budget and Performance Integration	Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation	Advance VA medical research and development programs that address veterans' needs, with an emphasis on service-connected injuries and illnesses, and contribute to the Nation's knowledge of disease and disability.	6. Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans.	9. Focus research efforts on veterans' special health care needs.	None		
Strategic Management of Human Capital	Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation	Sustain partnerships with the academic community that enhance the quality of care to veterans and provide high quality educational experiences for health care.	7. Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates.	10. Promote excellence in the education of future health care professionals.	Succession Planning	PART B Measure 10	10. Academic Affiliations – Resident Supervision 10a. Medicine 10b. Psychiatry 10c. Surgery
	Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation	Improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters by developing plans and taking actions to ensure continued service to veterans as well as support to national, state, and local emergency management and homeland security efforts.	8. Promote health within the VA, local communities, and the nation consistent with VA's mission.	11. Assure VHA's readiness to respond in case of local and national emergencies. 14. Raise awareness of VHA and services provided.	None		

Appendix C VISN 4 WORKFORCE SUCCESSION STRATEGIC PLAN FY 2006-2010

I. STRATEGIC DIRECTION

The VA Stars & Stripes Healthcare Network is comprised of 10 medical centers located in Pennsylvania, Delaware, and West Virginia as well as several counties in Ohio, New Jersey, and New York. The overall direction of the VA Stars & Stripes Healthcare Network is to maintain and enhance services in support of the Uniform Benefits Package. The strategies and goals that will govern our actions pertaining to the FY 2005 budget will focus on the Under Secretary for Health's priority to return to our core mission to 1) Maximize acute and tertiary care, behavioral health, and LTC; 2) expand special emphasis programs; 3) increase non-institutional LTC services; 4) implement a care coordination program; and 5) advocate for veterans. Specific considerations are as follows:

a. Maintain services
b. Expand services
c. Promote innovations in health care
d. Identify/implement management efficiencies
e. Identify/implement clinical quality initiatives and efficiencies
f. Determine hiring priorities and implement strategies
g. Maximize alternate revenue streams
h. Manage enrollment
i. Enhance access

A large percentage (82%) of the network's counties are designated as medically underserved. In the eastern market, 75% of the counties are designated as underserved while 87% of those in the Western market are classified as such. This has had, and continues to present challenges in the areas of recruitment and retention of specialty care providers due to national shortages and keen competition in the local health care markets. Present trend analysis has evidenced challenges in the areas of recruitment and retention of a highly skilled workforce due to national shortages of certain specialties and keen competition in local health care markets. There are 41 health professional shortage area counties, with the largest number of these counties having shortages in mental health professionals, radiologists, urologists, orthopedic surgeons, anesthesiologists, cardiologists, gastroenterologists, dermatologists, rheumatologists, and electrophysiologists. Changing demographics and market forces will require great scrutiny as we evaluate our workforce readiness to meet both current and future health care demands and expectations.

II. HISTORICAL WORKFORCE ANALYSIS:

HISTORICAL WORKFORCE SUMMARY TABLE

VISN	FY	FY	FY	FY	FY
4	**2000**	**2001**	**2002**	**2003**	**2004**
Employees (head count) at Beginning of FY	9,893	9,717	9,965	10,055	10,449
Employees (head count) at End of FY	9,717	9,965	10,055	10,449	10,713
Head Count Change	-176	248	90	394	264
FTE at Beginning of FY	9,502.6	9,321.9	9,560.0	9,651.9	10,029.5
FTE at end of FY	9,321.9	9,560.0	9,651.9	10,029.5	10,291.3
FTE Change	-180.7	238.1	91.9	377.6	261.8
Minority (Perm, Temp, FT, PT) on Board at End of FY	2,563	2,668	2,703	2,823	2,858
% Minority on Board at End of FY	26.4%	26.8%	26.9%	27.0%	26.7%
White Females (Perm,FT,PT) on Board at End of FY	4,121	4,217	4,255	4,443	4,606
%White Females on Board End of FY	42.4%	42.3%	42.3%	42.5%	43.0%
Disability Retirements	61	50	56	64	58
Special (Early Out) Retirements	123	86	80	50	41
Voluntary Retirements	174	104	121	160	157
Resignations	418	418	399	428	428
Other Losses	0	0	1	1	0
Deaths	22	13	22	20	21
Removals	21	22	34	35	48
Terminations	169	176	183	200	190
Total Losses	988	869	896	958	943
Total Gains (Computed)	812	1,117	986	1,352	1,207

Historical Workforce Issues and Actions

Identified Issues	Actions
A large portion of the VISN losses are due to resignations.	Continue to review the quarterly Workforce Monitors reports where quit code data is provided. Trend and analyze quit code data to determine areas where improvements are needed and plan/implement appropriate improvement actions. Utilize results of One VA Surveys to determine dissatifiers and plan/implement improvement actions accordingly.
Present trend analyses have evidenced challenges in the areas of recruitment and retention of specialty care providers due to national shortages and keen competition in the local health care markets. The projected growth in demand for specialty care and services makes this an emerging issue and priority for VISN 4.	Refer issue to the Chief Medical Officer/Chief Nurse Executive meetings for discussion and request their input into potential strategies for the VISN. Continue to follow national guidance, as received, in regard to creative use of recruitment tools, including flexibilities in new physician and dentist pay system.
Maintain EEO Sub-Council (to the Workforce Council) to address any EEO/Diversity issues that may arise.	Assure EEO Sub-Council provides regular analysis and trends of any EEO/Diversity issues and provides recommendations to the Workforce Council.
Maintain recruitment relationships with at least two minority-serving institutions, as geographically appropriate.	EEO Sub-Council will regularly review current agreements across the VISN and assure the maintenance of agreements, as necessary.

III. TOP TEN OCCUPATIONS

Occupations	Rank
0610 Nurse	1
0201 Human Resources Management	2
2210/0334 Information Technology Management	3
0647 Diagnostic Radiologic Technologist	4
0620 Practical Nurse	5
0660 Pharmacist	6
0505 Financial Management	7
1102 Contracting	8
0801 General Engineering	9
0341 Administrative Officer (MAS)	10
0510 Accounting	11

IV. PROJECTED WORKFORCE

TOTAL WORKFORCE VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	10713	10713	10713	10713	10713	10713	10713
Resignations	428	428	428	428	428	428	428
Sep - All other Losses	358	358	358	358	358	358	358
Employees Retired (Voluntary)	157	199	222	241	290	326	372
Employees Eligible for Regular (Voluntary) Retirement	0	965	1088	1200	1401	1603	1819
Total Losses	943	985	1008	1027	1076	1112	1158
Gains needed		985	1008	1027	1076	1112	1158

Workload Adjustment Rationale
No changes made to VHA projections.

0610 Nurse VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	1997	1997	1997	1997	1997	1997	1997
Resignations	75	75	75	75	75	75	75
Sep - All other Losses	31	31	31	31	31	31	31
Employees Retired (Voluntary)	34	32	38	43	48	68	63
Employees Eligible for Regular (Voluntary) Retirement	0	161	189	226	257	314	330
Total Losses	140	138	144	149	154	174	169
Gains needed		138	144	149	154	174	169

0201 Human Resources Management VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	76	76	76	76	76	76	76
Resignations	1	1	1	1	1	1	1
Sep - All other Losses	2	2	2	2	2	2	2
Employees Retired (Voluntary)	0	2	3	3	3	4	3
Employees Eligible for Regular (Voluntary) Retirement	0	7	11	13	15	18	16
Total Losses	3	5	6	6	6	7	6
Gains needed		5	6	6	6	7	6

2210/0334 Information Technology Management VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	139	139	139	139	139	139	139
Resignations	0	0	0	0	0	0	0
Sep - All other Losses	1	1	1	1	1	1	1
Employees Retired (Voluntary)	0	3	3	3	3	9	8
Employees Eligible for Regular (Voluntary) Retirement	0	11	16	18	20	28	37
Total Losses	1	4	4	4	4	10	9
Gains needed		4	4	4	4	10	9

0647 Diagnostic Radiologic Technologist VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	105	105	105	105	105	105	105
Resignations	4	4	4	4	4	4	4
Sep - All other Losses	3	3	3	3	3	3	3
Employees Retired (Voluntary)	1	1	1	1	2	6	2
Employees Eligible for Regular (Voluntary) Retirement	0	6	10	11	13	16	13
Total Losses	8	8	8	8	9	13	9
Gains needed		8	8	8	9	13	9

0620 Practical Nurse VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	657	657	657	657	657	657	657
Resignations	50	50	50	50	50	50	50
Sep - All other Losses	28	28	28	28	28	28	28
Employees Retired (Voluntary)	9	6	7	6	11	12	12
Employees Eligible for Regular (Voluntary) Retirement	0	28	36	46	57	61	69
Total Losses	87	84	85	84	89	90	90
Gains needed		84	85	84	89	90	90

0660 Pharmacist VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	223	223	223	223	223	223	223
Resignations	10	10	10	10	10	10	10
Sep - All other Losses	4	4	4	4	4	4	4
Employees Retired (Voluntary)	1	3	4	4	4	7	6
Employees Eligible for Regular (Voluntary) Retirement	0	15	20	23	24	28	36
Total Losses	15	17	18	18	18	21	20
Gains needed		17	18	18	18	21	20

0505 Financial Management VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	11	11	11	11	11	11	11
Resignations	0	0	0	0	0	0	0
Sep - All other Losses	0	0	0	0	0	0	0
Employees Retired (Voluntary)	0	0	0	0	0	0	0
Employees Eligible for Regular (Voluntary) Retirement	0	0	0	0	0	0	0
Total Losses	0	0	0	0	0	0	0
Gains needed		0	0	0	0	0	0

1102 Contracting VISN 4	2004	2005	2006	2007	2008	2009	2010
Employees (FT, PT, Perm & Temp) On Board at End of FY	31	31	31	31	31	31	31
Resignations	0	0	0	0	0	0	0
Sep - All other Losses	0	0	0	0	0	0	0
Employees Retired (Voluntary)	0	0	0	0	0	0	0
Employees Eligible for Regular	0	0	0	0	0	0	0

(Voluntary) Retirement							
Total Losses	0	0	0	0	0	0	0
Gains needed		0	0	0	0	0	0

0801 General Engineering VISN 4	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Employees (FT, PT, Perm & Temp) On Board at End of FY	26	26	26	26	26	26	26
Resignations	1	1	1	1	1	1	1
Sep - All other Losses	0	0	0	0	0	0	0
Employees Retired (Voluntary)	0	0	0	0	0	0	0
Employees Eligible for Regular (Voluntary) Retirement	0	0	0	0	0	0	0
Total Losses	1	1	1	1	1	1	1
Gains needed		1	1	1	1	1	1

0341 Administrative Officer (MAS) VISN 4	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Employees (FT, PT, Perm & Temp) On Board at End of FY	34	34	34	34	34	34	34
Resignations	0	0	0	0	0	0	0
Sep - All other Losses	1	1	1	1	1	1	1
Employees Retired (Voluntary)	0	0	1	0	1	0	0
Employees Eligible for Regular (Voluntary) Retirement	0	2	3	2	3	3	5
Total Losses	1	1	2	1	2	1	1
Gains needed		1	2	1	2	1	1

0510 Accounting VISN 4	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**
Employees (FT, PT, Perm & Temp) On Board at End of FY	22	22	22	22	22	22	22

Resignations	0	0	0	0	0	0	0
Sep - All other Losses	0	0	0	0	0	0	0
Employees Retired (Voluntary)	0	0	0	0	0	0	0
Employees Eligible for Regular (Voluntary) Retirement	0	0	0	0	0	0	0
Total Losses	0	0	0	0	0	0	0
Gains needed		0	0	0	0	0	0

Projected Workforce Issues and Actions

Identified Issue	Actions
Nurse retirement is projected to double from 161 in 2005 to 330 in 2010.	Develop additional nurse recruitment strategies at each medical center. Continue to review hiring/retention data. Continue to utilize nurse staffing methodologies across the VISN. Develop and implement cooperative outreach activities with community educational institutions and professional organizations to promote youth interest in pursuing careers in health care. Enhance affiliations with nursing education institutions. Identify and share best practices.
There are only 12 Financial Management positions with the VISN; however, 6 of those are eligible for retirement beginning in FY 2005. In addition, there are only 22 Accountant positions in the pipeline.	Fully utilize the Technical Career Fields program and/or establish an equivalent VISN-sponsored training program to assure a qualified cadre of financial managers are available in the pipeline.
6 out of 10 of the HR Managers and at least 15% of HR Specialists in the VISN are eligible for regular Voluntary retirement between now and 2010. Over half of the HR Managers are eligible to retire by end of FY05.	Fully utilize the Technical Career Fields program and/or establish an equivalent VISN-sponsored training program, to assure a qualified cadre of HR managers/specialists are available in the pipeline.
50% of pharmacy managers are eligible to retire in the next 5 years. Since the national pharmacy chief training program was discontinued 6 years ago, we will have difficulty filling those positions with experienced staff. Additionally, there are no longer Asst. Chief positions in the network that would serve as training positions for the Chief slots.	Develop pharmacy training programs within the VISN (if not nationally). Develop and implement cooperative outreach activities with community educational institutions and professional organizations to promote interest in pursuing these careers. Encourage medical centers within the VISN to establish career-ladder positions (i.e. Asst Chief) within their pharmacy departments.

LPN retirements are projected to double from 28 in 2005 to 69 in 2010.	Establish or enhance affiliations with vocational education programs.
There is a recognized need for contracting specialists across the VISN. There are a significant number of vacancies in a number of medical centers, necessitating sharing of scarce resources.	Explore the feasibility of partnering with DoD for training of contracting specialists. Fully utilize retention allowance authority to maintain existing staff.
Potential need for additional Mental Health providers, based on increased workload from OIF/OEF veterans.	Assess the need and utilize pertinent recruitment strategies to promote interest in VA employment across the VISN.

V. LEADERSHIP SUCCESSION & EMPLOYEE DEVELOPMENT

Description of Leadership Development Activities & ECF CDP Participation

The VA Stars & Stripes Healthcare Network (VISN 4) currently partners with several other VISNs and EES in the Network Executive Healthcare Leadership Institute (NEHCLI). This partnership was established because of the identified need to provide leadership programs to more candidates than were allowed for the VISN by the national Healthcare Leadership Institute. The NEHCLI allows approximately 15 slots per VISN which, in turn, means approximately 1-2 slots per facility. The program consists of three week-long educational sessions spread over the year. Formal educational sessions are designed to mimic the national HCLI and are provided by many of the same faculty. Four coaches and 15 VISN 4 participants are actively involved in this executive development-training endeavor annually. The Network Education Officer is a key participant of the NEHCLI Board to assure that the program exceeds national HCLI standards. In 2005, NEHCLI sessions will be held in Pittsburgh, Atlanta, and Washington, D.C.

We are currently contracting with The Advisory Board for a Nursing Executive Center. The ultimate objective of this program is to create a dynamic group of future nurse leaders for the VISN, and ultimately for VHA. Our return on investment with the Advisory Board is anticipated to be:
* a better informed group of Nurse Executives
* the implementation of processes and tools to create a safer patient care environment for both patients and staff
* work environments that have seen more staff buy-in process changes.
* a positive impact on recruitment and retention by providing tools to support more flexibility to the nurse managers in these efforts.
In FY 2003 the VISN was able to provide this training opportunity to in a large number of nursing professionals at each facility within the network.

The VISN has also contracted with The Advisory Board to participate in a Leadership Academy. This program is still in the development stages. Once rolled out, the program will be offered to up to 100 participants each year. It is the intent of the VISN to make the program available to those employees who have already participated in other Leadership programs, so that the program can be evaluated and compared to other programs. In addition, the program will be available to employees who have had no Leadership training at that

level.

The VA Pittsburgh Healthcare System has for many years sponsored a formal Management Development training that is opened to employees in the leadership pipeline. A similar program also exists at the Coatesville VA Medical Center.

Many facilities within the Network continue to sponsor formal mentoring programs for employees at all levels of the organization.

The VISN has appointed a LEAD Coordinator (as a collateral duty) who will assist the VISN in fully participating in the LEAD Program. In 2005 a Performance Monitor has been established requiring each local VAMC develop a plan for their own LEAD program. This is being orchestrated by VISN-level LEAD Coordinators for the East and West parts of the network.

All Leadership Succession and Employee Development activities are monitored and reported through the VISN 4 Network Education Council (NEC). The Executive Leadership Council provides approval authority for NEC requests.

To date, VISN 4 has had 6 active participants in the ECF (Executive Career Field) program. All applicants/candidates are screened by their respective medical centers. As a further control the applicant/candidates are proposed to have application/requests processed through the NEC with concurrence/approval by respective medical center directors. In the future, the VISN would like to assure
increased communication about the ECF program with diverse groups of high-potential employees, as well. The application process would have the element of initially being reviewed by the NEC with final approval by MC Director. Control and implementation of the program will be through NEC. Additionally, it is anticipated that high-potential employees will be given “stretch” assignments, i.e. member of a Network Committee, to provide experience that will enhance their chances to be selected as an ECF candidate

During 2005 the NEC will partner with the Workforce Council and HR Sub-Council to continue to improve and refine the Network Succession Plan for the VA Stars & Stripes Healthcare Network. This will include dialogue with the ELC regarding total projected staff needs over the next 5 year period as well as developing methodologies for accomplishing the specifics of the Succession Plan.

Description of Leadership Development Activities & ECF CDP Participation

. As a further control the applicant/candidates are proposed to have application/requests processed through the NEC with concurrence/approval by respective medical center directors. In the future, the VISN would like to assure increased communication about the ECF program with diverse groups of high-potential employees, as well. The application process would have the element of initially being reviewed by the NEC with final approval by MC Director. Control and implementation of the program will be through NEC. Additionally, it is anticipated that high-potential employees will be given “stretch” assignments, i.e. member of a Network Committee, to provide experience that will enhance their chances to be selected as an ECF candidate

During 2005 the NEC will partner with the Workforce Council and HR Sub-Council to continue to improve and refine the Network Succession Plan for the VA Stars & Stripes Healthcare Network. This will include dialogue with the ELC regarding total projected staff needs over the next 5 year period as well as developing methodologies for accomplishing the specifics of the Succession Plan.

Leadership Succession & Employee Development Issues and Actions

Identified Issue	Actions
Provide development opportunities through the NEHCLI and other leadership programs for high potential employees.	Continue to partner with other VISNs for the NEHCLI. Identify "leadership" assignments and utilize graduates of NEHCLI and other programs for those assignments. Continue to utilize The Advisory Board for the Leadership Academy and Nurse Executive Center. Continue to further the use of the ECF program to groom additional leaders in 2006. Explore using the Presidential Management Fellow to fill vacancies identified in the Succession Plan.
Assess the continuum of leadership activities available both within the VISN and at the national level.	Fully participate in the LEAD program when rolled out nationwide. Continue to utilize The Advisory Board for The Leadership Academy and Nursing Executive Center.
Probability of high turnover in supervisory positions over the next few years.	Utilize the NEHCLI, LEAD program, and other development programs for high potential employees.

VI. WORKPLACE/ORGANIZATIONAL ANALYSIS

Non All Employee Survey

Identification of Survey or Assessment Tool	Identified Issue	Actions
VHA Workforce Planning Monitors	100% of employees will receive Alternate Dispute Resolution training to address workplace disputes and EEO complaints. (VHA goal by 2008)	1. Task the EEO Sub-Council with development of proposal for meeting VHA goal. 2. Work with Education Council to develop and roll out appropriate training materials.
VHA Workforce Planning Monitors	There is no mechanism in place to review employee satisfaction on a regular basis. Currently this is done at the medical center level.	Task the HR Sub-Council to develop a mechanism to analyze the National employee satisfaction surveys, on a regular basis, recommend any VISN-level corrective actions, and draft a VISN Action Plan to address identified issues.
Supervisory Training Program	Supervisory Training Program policy was put into place in FY 2003/2004. Need to evaluate the program and make any necessary adjustments in order to assure the program is beneficial.	Education Council to continue to follow-up on the Supervisory Training Program and provide feedback to the Workforce Council on any needed changes.

All Employee Survey

Identified Issue	Actions
Communication of facility-level results to employees.	Each medical center within the VISN will utilize various means, to include conducting a town hall meeting, in order to disseminate AES results.
Improve VISN average scores that fall below 3.0. (JSI: Promotion Opportunity)	Task the HR Sub-council with review and analysis of results. Provide recommendations to the Workforce Council regarding actions that can be taken at the VISN level.
Improve VISN average scores that fall below 3.0. (Culture: Entrepreneurial)	Task each VISN Council with review and analysis of results. Provide recommendations to the Workforce Council, via ELC, regarding actions that can be taken at the VISN level.

VII. LEGISLATIVE/POLICY ISSUES

Description of Barrier	Legislative/regulatory or policy change needed
VHA Handbook 5011, Part III Chapter 3 allows the approval of Rest and Relaxation time for Doctors (full time), Dentists, Podiatrists, and Optometrists, but not for Nurses. Allowing the addition of OR Nurses, for example, would keep the nurses from having to take AL or in some cases SL whenever they are on duty all night in surgery and are scheduled to work again at 7:00 a.m. the next day.	A change in the regulations that would allow AA to be granted to RNs (especially O.R. Nurses) NTE 24 consecutive hours for Rest & Relaxation who have been required to serve long hours in the care and treatment of patients.
Recruitment of temporary employees	Reinstate 5 CFR Part 333 “Outside the Register” procedures for hiring temporary employees (eliminated 6/13/03).
Recruitment of high school students for return on investment where such students have been trained for specific jobs.	Reinstate the federal Stay In School program formerly authorized under the provisions of 5 CFR Subpart C 213.3102 (t), (u) and (w) for the employment of financially, mentally or physically disabled high school students; modify for direct high authority upon graduation.

VIII. VISN WORKFORCE PLAN DEPLOYMENT GRID

Historical Workforce Issues and Actions Deployment:

Identified Issue	Actions	Target Date
A large portion of the VISN losses are due to resignations.	Continue to review the quarterly Workforce Monitors reports where quit code data is provided. Trend and analyze quit code data to determine areas where improvements are needed and plan/implement appropriate improvement actions. Utilize results of One VA Surveys to determine dissatifiers and plan/implement improvement actions accordingly. ACTION: Medical Center Directors; HR Sub-Council (to develop an action plan)	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Review of data to determine reasons for resignations. Eliminate or reduce dissatisfiers that lead to resignations.		None at this time. If education needs are identified, actions will be taken to assess funding needs and plan for roll out of education.
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**

Data reviewed quarterly at VISN and facility levels show down trend in overall rate of resignation by approximately 10% with the most frequent stated reasons for resignation consistently being “Family Responsibilities” and “Self-Development.” The All Employee Survey results have been communicated and action plans are in place for improvement.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
Present trend analyses have evidenced challenges in the areas of recruitment and retention of specialty care providers due to national shortages and keen competition in the local health care markets. The projected growth in demand for specialty care and services makes this an emerging issue and priority for VISN 4.	Refer issue to the Chief Medical Officer/Chief Nurse Executive meetings for discussion and request their input into potential strategies for the VISN. Continue to follow national guidance, as received, in regard to creative use of recruitment tools, including flexibilities in new physician and dentist pay system. ACTION: Health Systems Council – for decision on how to proceed.	9/30/2007

Expected Outcomes (Described in measurable terms where ever possible)	Linkage to educational planning
Increased ability to recruit and retain specialty care providers. Decreased usage of Fee Basis and contract agencies for referral of patients for specialty care.	None at this time.

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
Ongoing. Continue to monitor.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
Maintain EEO Sub-Council to the Workforce Council to address any EEO/Diversity issues that may arise.	Assure EEO Sub-Council provides regular analysis and trends of any EEO/Diversity issues and provides recommendations to the Workforce Council. ACTION: EEO Sub-Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Keep leadership informed of EEO issues and trends. Reduce loss of staff time in processing EEO cases.		Regular EEO awareness education
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
Ongoing. Continue to monitor.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
Maintain recruitment relationships with at least two minority-serving institutions, as geographically appropriate.	EEO Sub-Council will regularly review current agreements across the VISN and assure the maintenance of agreements, as necessary. ACTION: EEO Sub-Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Maintain and/or improve diversity in the workforce		None

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
	1/27/2005	Pending

Projected Workforce Analysis Deployment:

Identified Issue	Actions	Target Date
Nurse retirement is projected to double from 161 in 2005 to 330 in 2010.	Develop additional nurse recruitment strategies at each medical center. Continue to review hiring/retention data. Continue to utilize nurse staffing methodologies across the VISN. Develop and implement cooperative outreach activities with community educational institutions and professional organizations to promote youth interest in pursuing careers in health care. Enhance affiliations with nursing education institutions. Identify and share best practices. ACTION: Health Systems Council; Nurse Executives; with assistance from Workforce Council and HR Sub-Council, as needed.	9/30/2005

Expected Outcomes (Described in measurable terms where ever possible)	Linkage to educational planning
Recruitment is coordinated and nurse hires will meet the demand.	If educational needs are identified, action will be taken to assure necessary funding.

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
Continue with actions as noted above. Continue to monitor.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
There are only 12 Financial Management positions with the VISN; however, 6 of those are eligible for retirement beginning in FY 2005. In addition, there are only 22 Accountant positions in the pipeline.	Fully utilize the Technical Career Fields program and/or establish an equivalent VISN-sponsored training program to assure a qualified cadre of financial managers are available in the pipeline. ACTION: ECF Preceptor Board; Education Council	9/30/2005

Expected Outcomes (Described in measurable terms where ever possible)	Linkage to educational planning
The VISN will have at least one Financial Management preceptor each year in the Technical Career Fields or equivalent program. The VISN will encourage participation of applicants into the TCF or equivalent program.	If educational needs are identified, action will be taken to assure necessary funding.

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
The VISN will continue to encourage applications from the field for preceptors, as well as participants. The ECF Preceptor Board will also provide oversight of the TCF program and report findings to the VISN Education Council.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
out of 10 of the HR Managers and at least 15% of HR Specialists in the VISN are eligible for regular Voluntary retirement between now and 2010. Over half of the HR Managers are eligible to retire by end of FY05.	Fully utilize the Technical Career Fields program and/or establish an equivalent VISN-sponsored training program, to assure a qualified cadre of HR managers/specialists are available in the pipeline. ACTION: ECF Preceptor Board; Education Council	9/30/2005

Expected Outcomes (Described in measurable terms where ever possible)		Linkage to educational planning
The VISN will have at least one HR Management preceptor each year in the Technical Career Fields or equivalent program. The VISN will encourage participation of applicants into the TCF or equivalent program.		If educational needs are identified, action will be taken to assure necessary funding.
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
The VISN will continue to encourage applications from the field for preceptors, as well as participants. The ECF Preceptor Board will also provide oversight of the TCF program and report findings to the VISN Workforce Council.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
50% of pharmacy managers are eligible to retire in the next 5 years. Since the national pharmacy chief training program was discontinued 6 years ago, we will have difficulty filling those positions with experienced staff. Additionally, there are no longer Asst. Chief positions in the network that would serve as training positions for the Chief slots.	Develop pharmacy training programs within the VISN (if not nationally). Develop and implement cooperative outreach activities with community educational institutions and professional organizations to promote interest in pursuing these careers. Encourage medical centers within the VISN to establish career-ladder positions (i.e. Asst Chief) within their pharmacy departments. ACTION: Health Systems Council; VISN P&T Cmte	9/30/2007

Expected Outcomes (Described in measurable terms where ever possible)	Linkage to educational planning
Increased pool of experienced pharmacists to fill the upcoming vacancies of Chief.	None at this time. If education needs are identified, actions will be taken to assess funding needs and plan for roll out of education.

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
Continue to focus on actions as noted above and continue to monitor.	1/27/2005	In Progress

Identified Issue	Actions	Target Date
LPN retirements are projected to double from 28 in 2005 to 69 in 2010.	Establish or enhance affiliations with vocational education programs. ACTION: Health Systems Council; Nurse Executives	9/30/2006
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Recruitment is coordinated and LPN hires will meet the demand.		None
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	Pending

Identified Issue	Actions	Target Date
There is a recognized need for contracting specialists across the VISN. There are a significant number of vacancies in a number of medical centers, necessitating sharing of scarce resources.	Explore the feasibility of partnering with DoD for training of contracting specialists. Fully utilize retention allowance authority to maintain existing staff. ACTION: Medical Center Directors; Education Council; SAM	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Retention of well qualified contracting staff. Meet future needs.		Partner with DoD for training
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	Pending

Identified Issue	Actions	Target Date
Potential need for additional Mental Health providers, based on increased workload from OIF/OEF veterans.	Assess the need and utilize pertinent recruitment strategies to promote interest in VA employment across the VISN. ACTION: Medical Center Directors; Health Systems Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Number of mental health providers will increase in proportion to the demand for services.		None
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	Pending

Leadership Succession and Employee Development Deployment:

Identified Issue	Actions	Target Date
Provide development opportunities through the NEHCLI and other leadership programs for high potential employees.	Continue to partner with other VISNs for the NEHCLI. Identify "leadership" assignments and utilize graduates of NEHCLI and other programs for those assignments. Continue to utilize The Advisory Board for the Leadership Academy and Nurse Executive Center. Continue to further the use of the ECF program to groom additional leaders in 2006. Explore using the Presidential Management Fellow to fill vacancies identified in the Succession Plan. ACTION: Education Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**

High potential employees will be a diverse group and will be prepared to apply and perform well in leadership positions.	NEHCLI and The Advisory Board programs are already part of our VISN educational plan.

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
	1/27/2005	In Progress

Identified Issue	Actions	Target Date
Assess the continuum of leadership activities available both within the VISN and at the national level.	Fully participate in the LEAD program when rolled out nationwide. Continue to utilize The Advisory Board for The Leadership Academy and Nursing Executive Center. ACTION: Education Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
VISN participation in multiple leadership activities in order to provide several available avenues for high potential staff.		To be determined
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	In Progress

Identified Issue	Actions	Target Date
Probability of high turnover in supervisory positions over the next few years.	Utilize the NEHCLI, LEAD program, and other development programs for high potential employees. ACTION: Education Council	9/30/2007

Expected Outcomes (Described in measurable terms where ever possible)		Linkage to educational planning
Larger pool of qualified/interested high potential employees for supervisory positions.		Built into NEHCLI, LEAD
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	Pending

Workplace/Organizational Analysis Deployment:
Non All Employee Survey

Identified Issue	Actions	Target Date
100% of employees will receive Alternate Dispute Resolution training to address workplace disputes and EEO complaints. (VHA goal by 2008)	1. Task the EEO Sub-Council with development of proposal for meeting VHA goal. 2. Work with Education Council to develop and roll out appropriate training materials. ACTION: Education Council; EEO Sub-Council	9/30/2007
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Decreased EEO complaints and decreased union grievances, due to employee willingness to enter into ADR to resolve the complaints.		EEO Council to work with Education Council in development of training materials.
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	In Progress

Identified Issue	Actions	Target Date
There is no mechanism in place to review employee satisfaction on a regular basis. Currently this is done at the medical center level.	Task the HR Sub-Council to develop a mechanism to analyze the National employee satisfaction surveys, on a regular basis, recommend any VISN-level corrective actions, and draft a VISN Action Plan to address identified issues. NO ACTION:	10/1/2004
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Employee satisfaction scores will improve, based on FY 2001 baseline.		None at this time. If education needs are identified, assess funding needs at Network and facility level.
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
AES results have been provided to leadership at the VISN level. Training has been provided to medical center staff on the use of proclarity web data. Medical centers will review data and develop action plans.	1/27/2005	**NO LONGER APPLIES**

Identified Issue	Actions	Target Date
Supervisory Training Program policy was put into place in FY 2003/2004. Need to evaluate the program and make any necessary adjustments in order to assure the program is beneficial.	Education Council to continue to follow-up on the Supervisory Training Program and provide feedback to the Workforce Council on any needed changes. ACTION: Education Council	9/30/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Supervisory Training Program will meet the needs of supervisors throughout the VISN.		Meets the VISN objective to assure supervisory training is provided to both new and experienced/skilled supervisors, as needed.
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
Education Council continues to monitor the implementation of the VISN policy regarding Supervisory Training.	1/27/2005	In Progress

All Employee Survey

Identified Issue	Actions	Target Date
Communication of facility-level results to employees.	Each medical center within the VISN will utilize various means, to include conducting a town hall meeting, in order to disseminate AES results. ACTION: Medical Center Directors	3/31/2005
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
Individual medical center survey results will be presented to employees through at least one town hall meeting.		None
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	
Identified Issue	**Actions**	**Target Date**
Improve VISN average scores that fall below 3.0. (JSI: Promotion Opportunity)	Task the HR Sub-council with review and analysis of results. Provide recommendations to the Workforce Council regarding actions that can be taken at the VISN level. ACTION: Medical Center Directors; HR Sub-Council	9/30/2006
Expected Outcomes (Described in measurable terms where ever possible)		**Linkage to educational planning**
VISN score for "Promotion Opportunity" will show improvement in the next survey.		None
Narrative of Accomplishment(s) including if expected outcomes were achieved	**Date last updated**	**Accomplishment Status**
	1/27/2005	

Identified Issue	Actions	Target Date
Improve VISN average scores that fall below 3.0. (Culture: Entrepreneurial)	Task each VISN Council with review and analysis of results. Provide recommendations to the Workforce Council, via ELC, regarding actions that can be taken at the VISN level. ACTION: ALL VISN COUNCILS	9/30/2006

Expected Outcomes (Described in measurable terms where ever possible)	Linkage to educational planning
VISN score for "Entrepreneurial" will show improvement in the next survey.	None

Narrative of Accomplishment(s) including if expected outcomes were achieved	Date last updated	Accomplishment Status
	1/27/2005	

IX. ADDITIONAL COMMENTS

Additional Comments
TCF program is highly valuable and recommend continuation of funding at the VACO level.

X. HISTORICAL COMPLETED ACTIONS
All Employee Survey

Actions	Accomplishments	Date Completed
Coordinate presentation of results by NCOD.	Completed June 2004 at the VISN Planning Summit	1/26/2005
Coordinate presentation of results by NCOD.	Presented at Unified Union Partners/Director meeting in Philadelphia in August 2004.	1/27/2005
Each medical center within the VISN will analyze the results for their facility and develop an individualized action plan.	Each medical center completed an action plan, which was submitted to the Workforce Council and ELC.	1/27/2005

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